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THE GUILD OF ST. BARNABAS

I.

DEAR EDITOR: My attention has been called to an article appearing in the October number of the *AMERICAN JOURNAL OF NURSING*, pretending to quote Rev. Lewis G. Wood, and reflecting on the Guild of St. Barnabas for Nurses.

I regret that I was not able to be present at the meeting referred to, and I have no knowledge of what was said except as it is told to me.

I called Mr. Wood's attention to the quotation, and he says:

"I am grieved at such a misrepresentation of my sentiments and statements regarding the Guild of St. Barnabas for Nurses; suffice it to say, that I have never made any statement that could possibly be construed as inferring that the Guild of St. Barnabas has revolutionized the social status of the profession at large. Nor have I said that the nurses were social outcasts."

By giving the above the same publicity that the statement referred to received, you will be doing a favor to the Guild of St. Barnabas, and oblige,

Yours very respectfully,

ANNIE H. B. HOWE,
Secretary-General.

II.

DEAR EDITOR: Does the disgruntled ex-member of the Guild of St. Barnabas ever stop to consider that nurses, like other mortals, get out of the Guild what they put into it? I, too, am a recalcitrant member of the Guild, but received from it more than I gave it, for I did enjoy the services and I never gave anything to make them possible.

If a well-intentioned priest does make a break in referring to our social inferiority of ten years back, why should that disturb us? "*Honi soit qui mal y pense*" (Evil to him who evil thinks). By joining the Guild, if the social advantages are all that appeal to us, don't we expose ourselves to just criticism and patronage? Do many of us really try to live up to the obligations our membership imposes upon us? So few nurses of my acquaintance have ever done anything but criticize the Guild, and it appeals to so few of us, that something must be wrong, but can we be sure that the fault lies entirely with the Guild? It would be interesting to hear from nurses to whom the Guild really means something.

A PRESENT MEMBER OF THE GUILD OF ST. BARNABAS.

III.

DEAR EDITOR: Was it quite necessary for a "Former Member of the Guild of St. Barnabas" to start any discussion as to the social advantages of being a member, unless, indeed, she intends to rejoin? It must be remembered that the objects of the Guild are twofold, "religious" and "social,"—Article II, Section I of the constitution,—and that though there has never been the expectation of "revolutionizing the social status" of any of its branches with which alone it can be concerned, the greater number of members must feel that the social element that has been brought into their lives, through the contact with the associates, has led the way to much pleasant intercourse and

many social times that in all probability would never have occurred had it not been for the society, and that without doubt Mr. Wood's meaning of the words "social outcasts" was not the "cast-outs" of society but the "left-outs." It is so little possible for nurses to mix in general society, on account of the uncertainty of their time and their general preoccupation, but the informal receptions and hearty welcome when able to attend have drawn many together, where all are known to each other, when, most probably, attendance at more formal gatherings would be out of the question. Is it not a little needless to be looking for trouble when it is so self-evident that those most interested are only striving for the best means of lightening and brightening the lives of those who not only carry their own burdens but share those of so many others?

"A MEMBER FOR MANY YEARS."

IV.

DEAR EDITOR: The Guild of St. Barnabas for Nurses in this country was established by Luther Osborne, of Boston, in 1886. At that time I think I am right in saying that there was no organization of nurses of any kind in the United States. This was the pioneer; and, under its founder and leader, with the associates whom he gathered round him, it blazed the trail and made more easily possible the other associations—club, alumnae, etc.—which we so greatly value. It is, as it were, the alma mater of organized nursing life; and all nurses, whether members or not, owe it a debt of gratitude which it is unbecoming to forget.

What has the Guild done for the social life of nurses? It has done a great deal in giving birth to organization. The nurse as a solitary unit has no voice or influence except in the limited circle of people whom her life touches; as an integral part of an organized body of trained women earning their living in the community, she has both voice and influence in matters philanthropic, civic, and political.

In regard to social position in a more restricted sense, when a nurse is on duty her relationships are not social, but professional. The position of the professional servant is not always an easy one, but I think it would be much simplified if the nurse always carried in the back of her head the clear conviction that her relations with the patient and household are primarily professional. The majority of people treat us with courtesy; there are those who do not, but perhaps they call for our pity and not our resentment.

When a nurse is not on duty her social position depends upon herself. If she is a lady, to be a nurse will not hinder her the least little bit. If she has not "that imaginable, though well-understood something, which we know as breeding," well, we cannot say that to be a nurse will not help her. Her training will have stimulated that capacity which Dr. Weir Mitchell calls "the American woman's wonderful power of self-development," and that development will be still more furthered by intercourse, on a common footing, with other women in the Guild, the club, or the alumnae association.

I came to Boston from a distance and did not know any one outside of the hospital. I joined the Guild while a pupil; and I was immediately brought in touch with gracious and cordial people, living in an atmosphere of cultivated leisure, which contrasted pleasantly with the arduous environment of the hospital. When they talked with me and invited me to their homes, it did

not occur to me to think that they were patronizing me. I just thought that they were lovely people who were giving me an opportunity of social intercourse that I could not otherwise have had as a stranger in a strange city. Perhaps if I had gone round with a chip on my shoulder, in demonstrable fear of patronage, they would not have been so nice to me.

I have nursed for nearly twenty years. I don't think my social position has been revolutionized, but I do think that my social opportunities have been wonderfully widened; and I think that, in a measure, this is due to the Guild of St. Barnabas. Let us give honor where honor is due.

SUSAN BARD JOHNSON.

CARE OF THE MIDDLE CLASS

DEAR EDITOR: The article by Miss Lightbourn, in the September number of the JOURNAL, attracted my particular attention because I wondered whether we were any nearer the solution of the problem than we were before. Even though the subject is threadbare, it does not seem to have advanced to a degree of real practical value. My opinion is that the solution should come from the public itself and not from the nurses, either as individuals or as a profession. The nurses do their share of giving unremunerated service while in training.

This much-talked-of class of people of moderate means, which the nurse is supposed to meet at her expense, is not by any means entirely genuine. Our dispensaries prove that most conclusively. The same woman who cannot pay a doctor for services, but goes to the dispensary will sit in a dollar seat at the theatre and wear the latest style dress and hat. Any plan or system based on any form of philanthropy is going to create more imposters and another form of dependency equal to pauperization.

There is only one true solution, to my mind, and that is insurance. Let some well-established insurance company solve the problem on a purely business basis. Why shouldn't people insure against sickness in that form as well as any other? There will be an opportunity to put a sliding scale into practice and to give people good nursing, as well as providing many nurses with steady employment, and all without charity or unnecessary self-sacrifice.

There are many ideas which come to my mind in connection with this view of the subject, but I do not wish to make this article too long. However, I cannot restrain my impatience at the way this question is constantly being "put up" to the nurses.

CHARLOTTE EHRLICHER.

FROM AN OLD SUBSCRIBER

DEAR EDITOR: It would not be possible for me to tell you how much I value the JOURNAL. I was at the Associated Alumnae meeting nine years ago, when the JOURNAL was started, and think I have had every one issued, but not always in my own name, as a friend and I have exchanged. There is no periodical which I should miss more and I hope the time will never come when it will not be possible for me to have it.

If I were as ready with the pen as some and could make it interesting, I should like to tell something of the work here.

C. D. M.